Security Benefit®
LIFE INSURANCE COMPANY

Annuity Contract Limited Power of Attorney

Questions? Call our National Service Center at 1-800-888-2461.

Instructions

This form gives the authority set forth in section 3 to another person ("attorney in fact") to act on your behalf for the Contract Number identified below. This authorization must be on file with Security Benefit before we will activate this authority. If the contract has joint owners, this form must be completed with the information only for the owner who is giving authority to the person named in Section 2. Please type or print.

1. Provide General Contract Information

Contract Number _____

Name of Owner _____ (First) _____ (MI) _____ (Last)

If this is a joint owned contract: ☐ Primary Owner ☐ Joint Owner

Mailing Address _____ (Street Address) _____ (City) _____ (State) _____ (Zip Code)

Social Security Number/Tax I.D. Number _____

Cell Phone Number _____ **Home Phone Number** _____

Email Address _____

2. Name of Attorney in Fact

The owner of the contract named above hereby appoints

_____ (Print Name of Attorney in Fact) **X** _____ (Signature of Attorney in Fact) _____ (Date (mm/dd/yyyy))

as the undersigned's true and lawful attorney in fact to execute the actions defined in the Authorization section with full power and authority and to act with respect thereto in the place and stead of the undersigned with the same effect as if the undersigned has taken such action.

3. Establish Authorization

Please read the authorization and disclaimers.

I authorize Security Benefit Life Insurance Company, Security Financial Resources, Inc., Security Distributors, and their affiliates ("Security Benefit") to release contract information to the individual listed as the attorney in fact and to comply with his/her written, telephone, internet or faxed instructions to:

- change the allocation of payments between and among the investment options; and
- elect to convert all or part of the assets from one or more investment options to any other investment option as provided in the contract.

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4. Disclaimers

Security Benefit shall not be required to inquire into the basis of any such action and may receive and accept the authorization of the attorney in fact listed with regard to such action without further inquiry.

If this contract is jointly owned, the authority authorized above is only for the owner who is identified in Section 1 and whose signature has been notarized below.

This Limited Power of Attorney shall be binding upon the undersigned and the successor or successors thereof and may be relied upon by Security Benefit as being in full force and effect until notice of revocation thereof and it shall be the responsibility of the undersigned and the successor or successors thereof to give such notification of revocation in writing.

The undersigned hereby indemnifies and agrees to hold said Security Benefit and its agents and employees harmless from and against any and all loss, expense, cost or liability of any nature arising as a result of any action taken by said Security Benefit or its agents and employees in reliance upon this Limited Power of Attorney.

5. Provide Signatures

Your signature is required to authorize Security Benefit to activate this agreement.

This authorization shall remain in effect until the earlier of:

(1) receipt of termination notice to this authorization signed by either the Owner(s) or financial advisor as described above,

(2) the full surrender or total distribution of the Contract or

(3) the death of Owner.

X _____ _____
Signature of Owner | Date (mm/dd/yyyy)

X _____ _____ _____
Signature of Financial Advisor (optional) | Date (mm/dd/yyyy) | Print Name of Financial Advisor

Signature of Notary Public:

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20_____, before me, a Notary Public, in said County, personally appeared _____ known to me to be the same person described herein, and who executed the foregoing instrument and who acknowledged the same to be his/her free act and deed.

X _____ _____
Signature of Notary Public | Date (mm/dd/yyyy)

My Commission Expires on _____
Date (mm/dd/yyyy)

Place Stamp Here:

Mail to:

Security Benefit
P.O. Box 750497
Topeka, Kansas 66675-0497
Fax to: 785.368.1772

For expedited or overnight delivery:

Security Benefit
Mail Zone 497
One Security Benefit Place
Topeka, Kansas 66636-0001

Visit us online at SecurityBenefit.com